



City of Seattle  
Department of Design,  
Construction and Land Use

PERMIT CHECKLIST

**Mechanical**  
Commercial/NO plan review

**Applicant Services Center/Permit Issuance Counter**

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

**Phone:** (206) 684-7718 **Website:** www.cityofseattle.net/dclu

**Hours:** M,W,F: 7:30-5:30 T,Th: 10:30-5:30

Property Address: \_\_\_\_\_

Project #: \_\_\_\_\_ Permit #: \_\_\_\_\_

I understand that I am responsible for knowledge of and compliance with all applicable codes. I further understand and acknowledge, that my permit will be issued without a plan review. An inspection(s) is required to verify compliance of the applicable codes. Changes, if required by the inspector, will be made to achieve compliance of applicable codes.

I have reviewed the information below and attest to its accuracy with respect to my project. I understand and acknowledge that my permit may be revoked and a complete plan review and approval may be required if the inspector determines the provided information is incomplete or inaccurate.

**I also agree to have floor plans/sketches detailing the work on site for the inspector.** These plans/sketches must clearly identify the scope of all work covered by this permit and all pertinent information (including equipment size and efficiency, duct size and type, and CFM delivered at each duct location). Plans for work valued at more than \$30,000 must be prepared and stamped by a licensed engineer. **The complete application package must also be on site and available to the inspector.** I understand that if I fail to provide acceptable plans/sketches on site, I may be charged a re-inspection fee or my permit may be revoked and all work stopped.

I understand that this document is to be kept with my issued permit and is part of the approved permit document.

Signature: \_\_\_\_\_

**This mechanical project includes the following:**

- | YES                      | NO                       |                                                                                                                                                                                                              |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Duct work revisions, and additions to existing duct systems. Includes registers, diffusers, grille vents and up to 2 VAV boxes (fan boxes without new strip heat).                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Replacement of equipment in kind (same fuel type) (maximum of 4 ton = 48,000 BTU) (interior of structure only) (less than 500 lbs.)                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial restroom, exhaust fans                                                                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Residential bathroom, kitchen, dryer, laundry room or closet, exhaust fans (type III,IV,V structures). Each exhaust should terminate at the exterior.                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | New cooling equipment located in: (please check) _____ computer, _____ printing, _____ refrigeration rooms <u>only</u> (not greater than 4 tons, 500 lbs max. weight); limited to total of one unit per room |
| <input type="checkbox"/> | <input type="checkbox"/> | All work values are <u>less</u> than \$10,000 (except unit venting as described in OTC Mechanical Program flyer)                                                                                             |

**PLEASE NOTE: If the answer is "yes" to any questions below, your project will require a plan review and does NOT qualify for this type of permit.**

- |                          |                          |                                                                                                                                                                        |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there work on more than two adjacent floors (except type III,IV,V residential structures)?                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a Change of Use as defined by the Land Use Code? (Existing Use: _____)<br>(Change of use and work in a hospital, clinic or medical lab requires plan review.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there new heating equipment or heating capacity? (If so, heat pumps and units with heating capacity require plan review)                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there fire dampers or stair/elevator pressurization fans? (If so, requires plan review)                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there commercial kitchen hoods? (If so, requires plan review)                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there penetrations through Tenant / Occupancy separation walls?                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there exterior wall or roof penetrations other than piping penetrations for equipment? (If so, detail what kind: _____)                                            |

**PLEASE NOTE:** \_\_\_\_\_ If this line is checked, you must contact your inspector prior to beginning of construction.